

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1380
(For use with Form PTO/SF/001)

Application Number

09/729,658

Filing Date

Applicant(s)

CLAIM#	AS FILED 5-9-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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50						
Total Indep						
Total Depend						
Total Claims						

* May be used for additional claims or amendments

CLAIM#	AS FILED 5-9-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1					
Total Depend	12					
Total Claims	13					

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